This invention introduces a novel anti-glaucoma solution which comprises of Clozapine or Sulpiride and a pharmaceutical vehicle. This is the first time all the above agents have been prepared in ophthalmologic solutions, which will be able to decrease the IOP in animals.
Clozapine

Fig.1 (a)
Sulpiride

Fig. 1 (b)
Fig. 3

1 ○ Vehicle (Right eye)
2 ● 0.25% Clozapine (Left eyes)
1 ○ : Vehicle (Right eyes)
2 ● : 0.1% Clozapine (Left eyes)

Fig. 4
Fig. 5

1. Vehicle (Right eye)
2. 20% Sulpiride (Left eye)
IC$_{50}$ = 2.04 x 10$^{-8}$ M

Percentage of inhibition (%) vs. Clozapine [-log (M)]

Fig. 6
IC$_{50} = 1.06 \times 10^{-5}$ M

Fig. 7
HYPOTENSIVE INTRAOCULAR PRESSURE ACTIVITY OF CLOZAPINE AND SULPIRIDE

INTRODUCTION

In C. Y. George's 1989 experiment, it was discovered that some dopamine receptor antagonists belonging to an antipsychotic drug were found to be able to reduce intraocular pressure (IOP) and increase the blood flow to the retina, choroid, iris and ciliary body in rabbits. According to Schizophrenia Bull, vol. 17, pp.263–309, 1991 by Melitzer H. Y., antipsychotic drugs can be generally divided into two categories. One is a typical antipsychotic drug which will produce side effects of parkinsonism and tardive dyskinesia, the other an atypical antipsychotic which won't produce the above side effects. Antipsychotic drugs are usually categorized to be dopamine receptor antagonist.

In 1979 Drugs vol. 17 pp. 38–55, reported that a non selective β-adrenergic receptors L-timolol could treat patients with glaucoma in clinics. Therefore it was thought that β blocker drugs could lower the IOP in treating patients with glaucoma. Then in 1986 Inv. Ophthalmol. Vis. Sci. Vol. 27 reported that L-timolol couldn't improve paraplegia of retinopathy. This fact has led many investigators to search for a newer anti-glaucoma agent.

Recently subtype D1A, D1B, D2A, D2B, D3, D4 and D5 have been separated out from a number of dopamine receptors with molecular cloning techniques in 1992 by Sibley D. R. (reported in Sci. Trends Pharmaceut. Vol. 13, pp. 61–69).

When daily doses of clozapine 30 mg/kg and sulpiride 100 mg/kg were given respectively to male Wistar rats, it was found after a long term observation that these drugs could up-regulate the mRNA levels in the dopamine D3 receptor. Clozapine could also increase mRNA levels in the dopamine D1B levels, but could not in the D1A or D2 receptors, as well as in aromatic amino acid decarboxylase, tyrosine hydroxylase or any other dopamine synthesizing enzymes. In contrast, sulpiride at a higher dose 100 mg/kg/day elicited a large increase in abundance of the mRNA coding in the dopamine D3 receptor. In any case, neither the atypical antipsychotic drugs Sulpiride nor Clozapine was discovered to have a function of D3 dopaminergic antagonists which was able to reduce IOP.

BRIEF DESCRIPTION OF THE DRAWINGS

FIG. 1 is the chemical structure of (a) clozapine and (b) sulpiride.

FIG. 2 is a graph showing that clozapine was able to decrease the intraocular pressure response in rabbits; 1. Vehicle (right eye); 2. 0.5% Clozapine (left eye).

FIG. 3 is a graph showing that clozapine was able to decrease the intraocular pressure (IOP) in rabbits. The graph shows the effects of 0.25% clozapine in the rabbit IOP recovery model. Each point is the mean of 5 values and bars represent SEM. *P<0.05; **P<0.01 significantly different from the vehicle group. 1. Vehicle (right eye); 2. 0.25% Clozapine (left eye).

FIG. 4 is a graph showing that clozapine was able to decrease the intraocular pressure (IOP) in rabbits. The graph shows the effects of 0.1% clozapine in the rabbit IOP recovery model. Each point is the mean of 5 values and bars represent SEM. *P<0.05; **P<0.01 significantly different from the vehicle group. 1. Vehicle (right eye); 2. 0.1% Clozapine (left eye).

FIG. 5 is a graph showing that sulpiride was able to decrease the intraocular pressure (IOP) in rabbits. The graph shows the effects of 20% sulpiride in the rabbit IOP recovery model. *P<0.05; **P<0.01 significantly different from the vehicle group. 1. Vehicle (right eye); 2. 20% sulpiride (left eye).

FIG. 6 is a graph showing clozapine's restraint ratio to phenylephrine.

FIG. 7 is a graph showing clozapine's restraint ratio to phenylephrine.

DETAILED DESCRIPTION OF THIS INVENTION

Summary of the Invention

The present invention is aimed at discovering a new anti-glaucoma agent. In FIG. 1 Clozapine and Sulpiride, which are known to belong to D3 dopaminergic antagonist, are for the first time prepared in an ophthalmologic solution to treat the IOP in animals.

According to Paul R. Buckland & Co's report in Neuropsychopharmacology 1993 vol.32 pp.901–907, the treatment of Antipsychotic drug was shown to be able to up-regulate the mRNA levels in dopamine D3 receptor. Up till now, sulpiride is still thought to be an ideal atypical antipsychotic drug not only because it has less side effects, but also because it is useful to patients who fail to be treated by other antipsychotic drugs.

The main purpose of this invention is to reveal a new anti-glaucoma ophthalmologic solution which comprises of the antipsychotic drug Clozapine or Sulpiride and a pharmaceutical vehicle.

Another purpose of this invention is to reveal a new treatment in the function of Clozapine and Sulpiride. They not only have their original antipsychotic activity, but they also comprise the activity to decrease the IOP of mammals. One of the two is clozapine, this is an important drug in treating paraplegia of retinopathy.

Clozapine and Sulpiride belong to the atypical antipsychotic drug, they have the activity to decrease the IOP of mammals.

Sulpiride at a higher concentration(20%) could also reveal a similar effect to that of Clozapine(0.5%). This indicates that it has a milder up-regulation of mRNA levels in dopamine D3 receptor in the cells than Clozapine has. Thus dopamine D3 is thought to be relevant to the ophthalmic system in the future.

According to the experiment it has been proved that Clozapine not only decreases IOP but has a vasodilatory effect. This activity shows Clozapine has the potential ability to increase the blood flow. It is an important drug in treating paraplegia of retinopathy.

I. Compositions Preparation Methods

This invention reveals a novel anti-glaucoma solution which comprises of clozapine or sulpiride and a pharmaceutically carrier. For treatment, various saline, dilluents, lubricants, stabilizer and binders are added with clozapine and sulpiride. Alkaline mineral acid is used to adjust the pH balance to prepare ophthalmic ointment and solution.

In this invention Clozapine and Sulpiride have been used to prepare the ophthalmic ointment and solution. Both emulsified and non-emulsified clozapine had the same treatment result in decreasing IOP in animals. Mammals were mainly used in this experiment. The general dosage depends on the symptom. Usually for each person one to three drops each time, three times a day.
In general, Clozapine drop solution is prepared first by dissolving clozapine in 0.9% NaCl solution, and Sulpiride is mixed by propylene glycol. Then the pH balance is adjusted with mineral acid. Later a stabilizer or emulsified stabilizer is added. This invention reveals an anti-glaucoma medicinal combination which comprises of Clozapine and Sulpiride. It is optional to prepare a ophthalmic drop solution or ointment. Ophthalmic solution is made of NaCl, boric acid, alkaline mineral acid and sodium sulphate. Also alkaline is used to compose pH7.4 phosphate buffer. The alkaline mineral acids used were NaH₂PO₄ and Na₂HPO₄. If necessary, a stabilizer or fungicide could be added. Choose hydroxypropyl β cyclodextrin, carboxymethylcellulose to be the stabilizer; and chlorobutanol to be the fungicide. Usually choose non-irritant white Vaseline® (petroleum), mineral oil or water-free sheep oil to be the base ingredient of the ointment.

II. Pharmacological activity

The experiment method used to research the decreasing of IOP activity in clozapine and sulpiride followed the reports in Varelles 1981, vol 13 pp72–79, New Zealand albino rabbits of either sex were used in the study. A 20% hyper-tonic saline solution was infused at the speed of 1 ml per min for 10 minutes through the marginal ear vein with an infusion pump. After dropping 0.5% alcaine eye drops in both eyes for one minute, Clozapine drop solution (50 µl, 0.5%) and vehicle drop solution (50 µl) were gradually instilled respectively.

Then the IOP of both eyes were measured with a Tono-Pen XL Tonometer (Mentor, Norwell, Mass.) at 30 minute and 10 minute intervals before the experiment. At the time of commencement, as well as at 10, 20, 40, 60, and 80 rain intervals measurements were taken. Then measurements were repeated at every 30 minute intervals. Identical experiments were repeated for another group of animals with emulsified Clozapine drop solution (50µl, 0.5%) and Sulpiride drop solution (50 µl, 20%).

The IOP recovery curve acquired had shifted to the right and below the curve of the controlled group. It indicated that these drugs have the activity to decrease IOP.

The strength shown on the transducer was used as the tensile strength of the main artery loop. Before the experiment could be started, all the equipment had to be soaked in saline for one hour. The first procedure was to test the largest and smallest muscle contraction function of 10⁻⁵M phenylephrine. Clozapine was used to release its contraction.

According to Godfrain’s report in 1969 Br. J. Pharmacol vol. 36,549–560, depolarizing solution of high concentrated K⁺ would cause the main artery’s contraction. The Depolarizing solution of high concentrated K⁺ was composed of NaCl 17 mM, KCl 100 mM, MgSO₄ 1.2 mM, NaHCO₃ 25 mM, KH₂PO₄ 1.0 mM, CaCl₂ 1.25 mM and glucose 11.5 mM. Clozapine was added to the organ container when the biggest contraction occurred, which reduced the main artery’s contraction.

Result

The test result of the vasodilatation effect is shown as FIG. 6. When the concentration of Clozapine increases, it could effectively restrain contraction caused by phenylephrine. The estimated IC₅₀ value is 2×10⁻⁶M. Clozapine also could restrain contraction caused by K⁺, restrain the calculated contraction caused by Ca²⁺. As the IC₂₀ value shown in FIG. 7, Clozapine could reduce the constriction caused by phenylephrine-induced Ca²⁺ mobilization. Clozapine increases ocular blood flow

The experiment format of increasing blood flow used was following the method what Chiu, G. C. Y. & Co. had reported in 1993 J. Ocular Pharmacol vol.9 pp.179–183.

We chose New Zealand white rabbits weighing 2.5–3.0 kg anesthetized by injecting 35 mg/kg ketamine and 5 mg/kg xylazine. Half of the initial dose was given after one hour to maintain adequate anesthesia. The left ventricle was cannula- tured through the right carotid artery to inject colored microspheres (the diameter was 15), and the femoral artery was cannulated for blood collection. 0.1% and 0.25% Clozapine solution or vehicle were instilled in the eyes. The ocular blood flow of a ocular hypertensive rabbit was measured with colored microspheres at 0, 30, 60, 120, and 180 min intervals thereafter. After one minute of each injection of microspheres, blood samples were taken from the femoral artery immediately as a reference. The blood samples were collected in a tube with heparin and the volume of each was recorded.

After injecting the last micropheres and collecting the last blood samples, the animals were sacrificed and the eyes were dissected. The retina, choroid, iris and ciliary body were all weighted.

The samples were processed by an American company E-Z Trac and the counting method of microsphere was provided by them too. Tissue samples were put in microfuge tubes with tissue (blood) digest reagent I and the caps were sealed tightly. They were heated at 95° C for 15 minutes, then vortexed in a vortexer for 30 minutes. The tissue samples were heated and vortexed until they were completely dissolved. While the tissue samples were still with heat, they were added with Tissue (Blood) Digest Reagent II, and the caps were sealed. They were vortexed and the tubes were centrifuged to settle the microspheres to the bottom of the tubes. Then the supernatant was removed and the for one hour. The first procedure was to test the largest muscle contraction function of 10⁻⁵M phenylephrine. Clozapine was used to release its contraction.

Hemolysis Reagent was added to the blood samples. Then they were vortexed and centrifuged for 30 minutes in a low revolution. Supernatant was removed, and Tissue (Blood) Digest Reagent I was added. As followed in the previously
stated procedure to test tissue samples, the number of colored microspheres were counted. The blood flow of each tissue at a certain time point was able to be calculated with the following equation:

$$Q_m = \frac{C_m \cdot Q_r \cdot Cr}{Q_r + Cr}$$

$Q_m$: the blood flow of a tissue, the unit is $\mu l/min/mg$

### TABLE 1. Effects of clozapine on rabbit ocular blood flow

<table>
<thead>
<tr>
<th>Tissue</th>
<th>Treatment</th>
<th>0 min</th>
<th>30 min</th>
<th>60 min</th>
<th>120 min</th>
<th>180 min</th>
</tr>
</thead>
<tbody>
<tr>
<td>iris</td>
<td>Control</td>
<td>0.61 ± 0.01</td>
<td>0.54 ± 0.01</td>
<td>0.57 ± 0.02</td>
<td>0.50 ± 0.05</td>
<td>0.52 ± 0.07</td>
</tr>
<tr>
<td>0.1%</td>
<td>0.59 ± 0.03</td>
<td>0.67 ± 0.02*</td>
<td>0.98 ± 0.08</td>
<td>0.77 ± 0.05</td>
<td>0.56 ± 0.04*</td>
<td></td>
</tr>
<tr>
<td>0.25%</td>
<td>0.57 ± 0.02</td>
<td>0.72 ± 0.02</td>
<td>1.11 ± 0.08*</td>
<td>1.46 ± 0.13*</td>
<td>0.72 ± 0.05*</td>
<td></td>
</tr>
<tr>
<td>ciliary body</td>
<td>Control</td>
<td>0.60 ± 0.01</td>
<td>0.48 ± 0.02</td>
<td>0.50 ± 0.01</td>
<td>0.44 ± 0.03</td>
<td>0.45 ± 0.04</td>
</tr>
<tr>
<td>0.1%</td>
<td>0.59 ± 0.02</td>
<td>0.67 ± 0.04</td>
<td>1.27 ± 0.02</td>
<td>0.91 ± 0.10</td>
<td>0.52 ± 0.01*</td>
<td></td>
</tr>
<tr>
<td>0.25%</td>
<td>0.58 ± 0.01</td>
<td>0.71 ± 0.02*</td>
<td>1.27 ± 0.04*</td>
<td>1.37 ± 0.06*</td>
<td>0.77 ± 0.01*</td>
<td></td>
</tr>
<tr>
<td>retina</td>
<td>Control</td>
<td>0.08 ± 0.002</td>
<td>0.050 ± 0.002</td>
<td>0.032 ± 0.001</td>
<td>0.050 ± 0.002</td>
<td>0.051 ± 0.001</td>
</tr>
<tr>
<td>0.1%</td>
<td>0.056 ± 0.001</td>
<td>0.060 ± 0.002</td>
<td>0.078 ± 0.004</td>
<td>0.059 ± 0.001</td>
<td>0.049 ± 0.002</td>
<td></td>
</tr>
<tr>
<td>0.25%</td>
<td>0.060 ± 0.002</td>
<td>0.065 ± 0.005*</td>
<td>0.152 ± 0.010*</td>
<td>0.073 ± 0.014*</td>
<td>0.038 ± 0.002*</td>
<td></td>
</tr>
<tr>
<td>choroid</td>
<td>Control</td>
<td>3.22 ± 0.07</td>
<td>3.14 ± 0.09</td>
<td>3.16 ± 0.11</td>
<td>3.14 ± 0.11</td>
<td>2.16 ± 0.10</td>
</tr>
<tr>
<td>0.1%</td>
<td>3.15 ± 0.02</td>
<td>4.18 ± 0.36</td>
<td>4.09 ± 0.33</td>
<td>3.16 ± 0.05</td>
<td>2.14 ± 0.03</td>
<td></td>
</tr>
<tr>
<td>0.25%</td>
<td>3.10 ± 0.01</td>
<td>4.98 ± 0.25*</td>
<td>6.04 ± 0.19*</td>
<td>4.41 ± 0.31*</td>
<td>2.70 ± 0.13*</td>
<td></td>
</tr>
</tbody>
</table>

All values represent mean ± SEM with N=9. Stars indicate statistical significance at P<0.05 between control and treated.

What our claims are:

1. A method for treating glaucoma, decreasing intraocular pressure and increasing blood flow of the retina comprising the step of:
   - administering to a patient in need thereof, an effective dose of an ocular pharmaceutical composition comprising sulpiride and a pharmaceutically acceptable carrier.
2. A method for treating glaucoma, decreasing intraocular pressure and increasing blood flow of the retina as defined in claim 1 comprising the step of:
   - administering to a patient in need thereof, an effective dose of an ocular pharmaceutical composition comprising sulpiride and a pharmaceutically acceptable carrier.
3. A method for treating glaucoma, decreasing intraocular pressure and increasing blood flow of the retina as defined in claim 1 comprising the step of:
   - administering to a patient in need thereof, an effective dose of an ocular pharmaceutical composition comprising clozapine and a pharmaceutically acceptable carrier.
4. A method for treating glaucoma, decreasing intraocular pressure and increasing blood flow of the retina as defined in claim 1 comprising the step of:
   - administering to a patient in need thereof, an effective dose of the ocular pharmaceutical composition wherein the ocular pharmaceutical composition is in the form of an ointment or a drop solution.
5. A method for treating glaucoma, decreasing intraocular pressure and increasing blood flow of the retina as defined in claim 2 wherein the ocular pharmaceutical composition is in the form of a drop solution.
6. A method for treating glaucoma, decreasing intraocular pressure and increasing blood flow of the retina as defined in claim 2 wherein the ocular pharmaceutical composition is in the form of a drop solution.
7. A method for treating glaucoma, decreasing intraocular pressure and increasing blood flow of the retina as defined...
5,744,468

in claim 5 wherein the ointment further comprises a member selected from the group consisting of white petrolatum, mineral oil and water-free sheep oil.

8. A method for treating glaucoma, decreasing intraocular pressure and increasing blood flow of the retina as defined in claim 6 wherein the drop solution further comprises a member selected from the group consisting of propylene glycol, sodium chloride, boric acid, alkaline mineral acid, sodium phosphate, hydroxypropyl β cycloexetin, carboxymethylcellulose and chlorobutanol.

9. A method for treating glaucoma, decreasing intraocular pressure and increasing blood flow of the retina as defined in claim 3 wherein the ocular pharmaceutical composition is in the form of an ointment.

10. A method for treating glaucoma, decreasing intraocular pressure and increasing blood flow of the retina as defined in claim 3 wherein the ocular pharmaceutical composition is in the form of a drop solution.

11. A method for treating glaucoma, decreasing intraocular pressure and increasing blood flow of the retina as defined in claim 9 wherein the ointment further comprises a member selected from the group consisting of white petrolatum, mineral oil and water-free sheep oil.

12. A method for treating glaucoma, decreasing intraocular pressure and increasing blood flow of the retina as defined in claim 10 wherein the drop solution further comprises a member selected from the group consisting of sodium chloride, boric acid, alkaline mineral acid, sodium phosphate, hydroxypropyl β cycloexetin, carboxymethylcellulose and chlorobutanol.

13. A method for treating glaucoma, decreasing intraocular pressure and increasing blood flow of the retina as defined in claim 2 wherein the ocular pharmaceutical composition contains about 20% sulpiride.

14. A method for treating glaucoma, decreasing intraocular pressure and increasing blood flow of the retina as defined in claim 1 wherein the ocular pharmaceutical composition contains from about 0.1% to about 0.5% clozapine.

15. A method for treating glaucoma, decreasing intraocular pressure and increasing blood flow of the retina as defined in claim 8 wherein the ocular pharmaceutical composition contains about 20% sulpiride.

16. A method for treating glaucoma, decreasing intraocular pressure and increasing blood flow of the retina as defined in claim 12 wherein the ocular pharmaceutical composition contains from about 0.1% to about 0.5% clozapine.

17. A method for treating glaucoma, decreasing intraocular pressure and increasing blood flow of the retina as defined in claim 7 wherein the ocular pharmaceutical composition contains about 20% sulpiride.

18. A method for treating glaucoma, decreasing intraocular pressure and increasing blood flow of the retina as defined in claim 11 wherein the ocular pharmaceutical composition contains from about 0.1% to about 0.5% clozapine.

19. A method for treating glaucoma, decreasing intraocular pressure and increasing blood flow of the retina comprising the step of:

administering to an animal in need thereof, an effective dose of an ocular pharmaceutical composition comprising a member selected from the group consisting of clozapine and sulpiride and a pharmaceutically acceptable carrier.

* * * * *